

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	KAG		12/6/01
FORMALITY REVIEW	Flu	946	12/10/01
RESPONSE FORMALITY REVIEW	A.T	1071	03/26/02

INDEX OF CLAIMS

☒ ..... Rejected  
☒ ..... Allowed  
☒ (Through numeral)..... Canceled  
☒ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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